

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

\$175

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 JUN 08 2017
 Bayfield Co. Zoning Dept.

Permit #: 17-0300
 Date: 8-1-17
 Amount Paid: 175 6-8-17
 Refund: _____

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: JEFF NOURSE Mailing Address: 78390 WASHBURN AVE City/State/zip: WASHBURN WI 54891 Telephone: 715-373-5059

Address of Property: 32555 Johnson-Leino Rd City/State/zip: WASHBURN, WI 54891 Cell Phone: 715-292-9115

Contractor: JEFF NOURSE Contractor Phone: _____ Plumber: CADY / GREG BROWN Plumber Phone: 209-0161

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: N 1/2 of NESE NW 1/4 58 P104 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 20, Township 49N, Range 04 W Town of: BAYVIEW Lot Size _____ Acreage 20

Legal Description: (Use Tax Statement) 6527 Tax ID# (4-5 digits) _____ Document #: _____ R _____

Recorded Deed (i.e. # assigned by Register of Deeds)

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

Non-Shoreland

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * Include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>30000</u>	<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Holding</u> <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	Existing Structure: (if permit being applied for is relevant to it)		Length: <u>60</u> Width: <u>14</u>		Height: <u>15</u> Width: _____ Length: _____	
	Proposed Construction:					

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date) <u>1978</u>	(<u>60</u> X <u>14</u>)	(<u>760</u>)
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	() X ()	()
	Accessory Building (specify) _____	() X ()	()
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
	Special Use: (explain) <u>SHORT TERM RENTAL</u>	() X ()	()
	Conditional Use: (explain) _____	() X ()	()
	Other: (explain) _____	() X ()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property and reasonable time for the purpose of inspection.

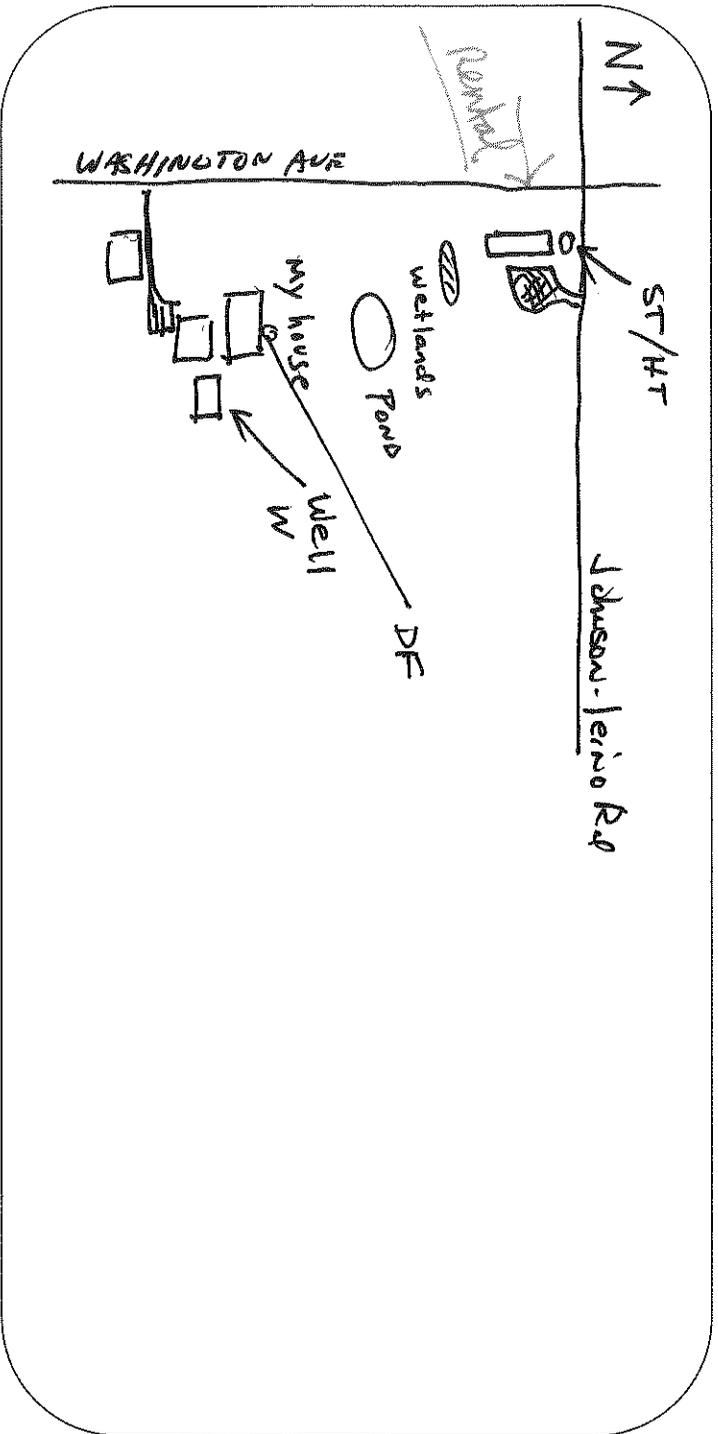
Owner(s) Jeff & Jean Date 6/8/17
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 78390 WASHINGTON AVE WASHBURN WI 54891 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	50 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	80 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	90 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	500 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	860 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	950 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	10 Feet
Setback to Drain Field	300 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance If Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0300		Permit Date:	8-1-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(fused/Contiguous lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:					
Date of Inspection:	June 9, 2017	Inspected by:	T. Murphy		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)					
Signature of Inspector:					Date of Approval:
					8-1-17
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>
				Hold For Fees:	<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE - X
SANITARY - 16-117S
SIGN -
SPECIAL - Class A
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0300** Issued To: **Jeffrey Nourse**

N $\frac{1}{2}$ of
Location: **NW** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **20** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Other: [1 - Unit; 1- Story; Short-term Rental (60' x 14') = 760 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 1, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Permit #:	170818
Date:	8-9-17
Amount Paid:	75 7-14-17
Refund:	50 7-14-17

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **KURT J DICKER** Mailing Address: **119 N MORGAN WHEATON, IL 60187** Telephone: _____

Address of Property: **Lot #6, VALLALLA TRAIL SUBDIVISION** City/State/Zip: **WASHBURN, WI 54891** Cell Phone: _____

Contractor: **?** Plumber: _____ Plumber Phone: **715 539 6553**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4** Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____

Section **17**, Township **49** N, Range **5** W Town of: **BAYVIEW** Subdivision: **VALLALLA TRAIL** Recorded Document: (i.e. Property Ownership) Volume **296R** Page(s) **566577**

Lot Size **1.7765** Acreage **1.061**
~~293 X 394'~~

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 20,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> NONE

Existing Structure: (if permit being applied for is relevant to it) Length: **None** Width: **40'** Height: **19'**

Proposed Construction: Length: **72'** Width: **40'** Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for issuance AUG 08 2017	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(40 X 72) (X)	2880
<input type="checkbox"/> Commercial Use Secretarial Staff	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(X) (X) (X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) POLE BARN	(40 X 72) (X) (X)	2880
	Accessory Building Addition/Alteration (specify)	(X) (X) (X)	
	Special Use: (explain)	(X) (X) (X)	
	Conditional Use: (explain)	(X) (X) (X)	
	Other: (explain)	(X) (X) (X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application, including any accompanying information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that I (we) will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: **KURT J DICKER** (KURT J DICKER) Date **7/10/17**

Authorized Agent: _____ Date _____

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

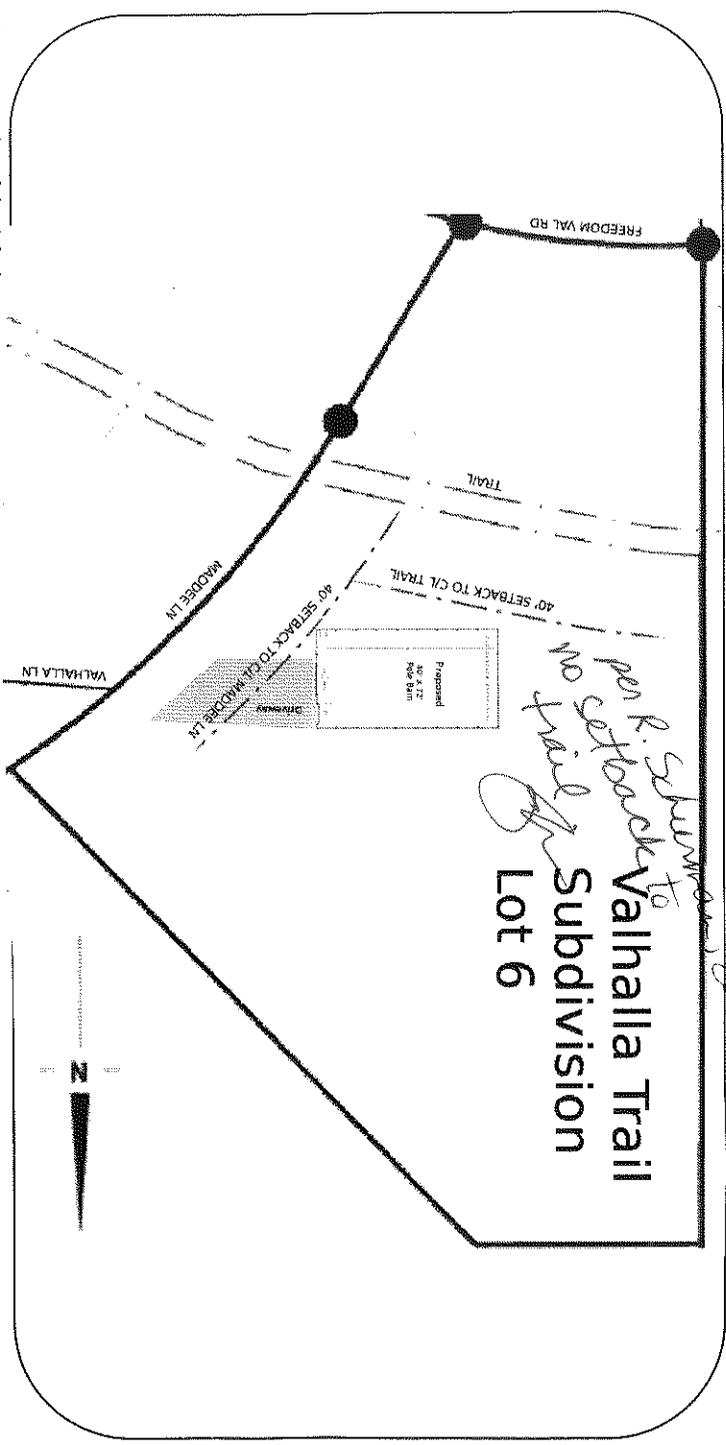
Address to send permit: _____ Attach _____

Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	≥ 40 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	≥ 40 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	≈ 203 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	≈ 155 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	≈ 80 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	≈ 40 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0313	Permit Date: 8-9-17	N/A			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: 8-4-17 insp. w/owner. Trail easement has no 40' setback per R. Schuman, only middle lane.	Zoning District (res) Lakes Classification (N/A)				
Date of Inspection: 7-27-17 8-4-17	Inspected by: [Signature]		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
Building shall not be used for business habitation or keepers purposes. Building, pole, shall be 40' from					
Signature of Inspector: [Signature]	Date of Approval: 8-2-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TB: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

City, Village, State or Federal
Permits May Also Be Required

LAND USE - X
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0313** Issued To: **Kurt Dicke**

Location: - 1/4 of - 1/4 Section **17** Township **49** N. Range **5** W. Town of **Bayview**

Gov't Lot Lot **6** Block Subdivision **Valhalla Trail** CSM#

For: **Residential Principal Structure: [1- Story; Pole Barn (40' x 72') = 2,880 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation or sleeping purposes. Building with eave shall be 40' from Maddee Lane center.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy
Authorized Issuing Official

August 9, 2017
Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Recorded)
RECEIVED
 JUN 08 2017



Permit #:	17-03161
Date:	8-10-17
Amount Paid:	\$850 (8-10-17)
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Honest Dog LLC Mailing Address: 32020 Friendly Valley Washburn, WI Telephone: 715-373-5525

Address of Property: 81765 Hwy 13 City/State/Zip: Washburn, WI 54891 Cell Phone: 715-813-0308

Contractor: _____ Contractor Phone: _____ Plumber: A to Z Plumber Phone: 682-8520

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Juice Backles Agent Phone: 715-813-0308 Agent Mailing Address (include City/State/Zip): 32020 Friendly Valley Rd Written Authorization Attached Yes No

PROJECT LOCATION: NW 1/4, NE 1/4 Gov't Lot _____ Lot(s) 41019, 41094 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Legal Description: (Use Tax Statement) 04-008-2-49-04-05-1-02-000-7000 Recorded Document: (i.e. Property Ownership) 1019 Page(s) 44

Section 5, Township 49 N, Range 4 W Town of: Bayvieux Lot Size _____ Acreage .680

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue → Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes—continue → Distance Structure is from Shoreline: _____ feet

Non-Shoreland

Value at Time of Completion * Include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>NA</u>	<u>R5D + 81795</u>	<u>1-Story</u>	<u>BLAKE!</u>	<u>2</u>	<u>(New) Sanitary</u> Specify Type: <u>Septic</u>	<input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	()
<input type="checkbox"/>	with Loft	(X)	()
<input checked="" type="checkbox"/>	with a Porch	(X)	()
<input type="checkbox"/>	with (2 nd) Deck	(X)	()
<input type="checkbox"/>	with (2 nd) Deck with Attached Garage	(X)	()
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	()
<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	()
<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	()
<input type="checkbox"/>	Accessory Building (specify) _____	(X)	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	()
<input type="checkbox"/>	Special Use: (explain) _____	(X)	()
<input checked="" type="checkbox"/>	Conditional Use: (explain) <u>Short term rental (2-4 weeks)</u>	(X)	()
<input type="checkbox"/>	Other: (explain) _____	(X)	()

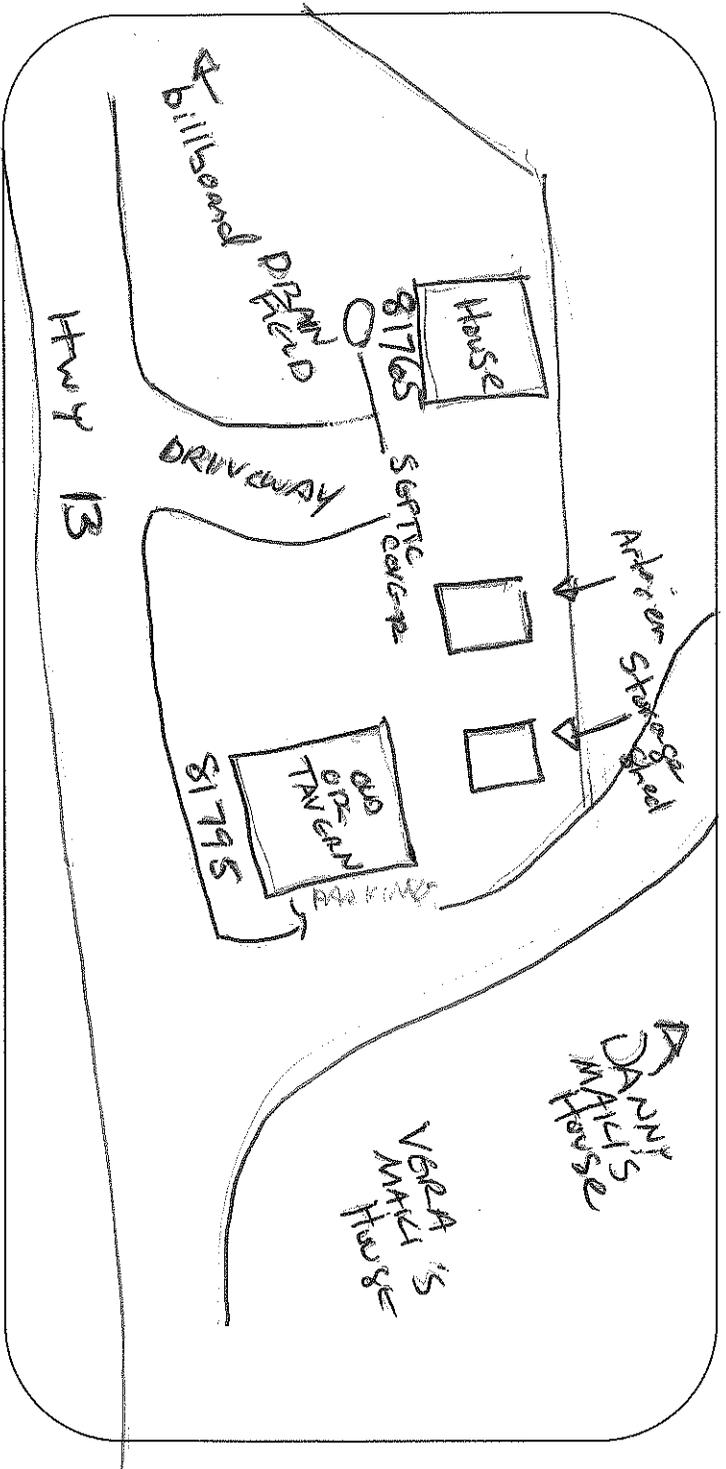
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information (i.e. am, (are) providing) and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application my (our) consent to county officials and with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Wm Date 6-8-2017
Wm Date 6-8-2017
 Authorized Agent: Wm Date 6-8-2017
 (If there are Multiple Owners listed on the Deed All Owners must sign a letter of authorization must accompany this application)
 Address to send permit 32020 Friendly Valley Washburn, WI 54891 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	FIRE # : 81745 / 81795 52' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	107' 34' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	132' 40' Feet	Setback from the Bank or Bluff *	Feet
Setback from the South Lot Line	100' 248' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	20' 85' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	107' 34' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	14' 74' Feet	Setback to Well	80' 37' Feet
Setback to Drain Field	16' 74' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: **16248** # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: **Plumber verified function for use**

Permit #: **17-0316** Permit Date: **8-10-17** **30E BAYVIEW ZONING** **by conversion from**

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No **326/299** No **conversion of commercial buildings in common ownership**

Is Parcel In Common Ownership Yes (Fused/Contiguous Lots) No **NO** No **NO** **conversion into residential use**

Is Structure Non-Conforming Yes No **NO** No **NO** **conversion by 8250 ATF fee + approval of CCP.**

Granted by Variance (B.O.A.) Yes No **NO** No **NO** **conversion by**

Case #: _____ Case #: _____

Was Parcel Legally Created Yes No **N/A** Yes No **N/A** Yes No **N/A** Yes No **N/A** Yes No **N/A**

Was Proposed Building Site Delineated Yes No **N/A** Yes No **N/A** Yes No **N/A** Yes No **N/A**

Inspection Record: **USE var returned for conversion of commercial buildings in common ownership**

Date of Inspection: **7-16-17** Inspected by: **J. Campbell**

Condition(s): **Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)**

per conditions listed on exhibit approved by P+Z committee.

Signature of Inspector: _____

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Date of Approval: **8-9-17**

RECEIVED FOR SIGNATURE 8-9-17



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 16248
SIGN –
SPECIAL –
CONDITIONAL – X (ZC Mtg: 7/20/2017)
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0316** Issued To: **Honest Dog LLC / Charley Ray, Agent**

Par in
Location: **NW** ¼ of **NE** ¼ Section **5** Township **49** N. Range **4** W. Town of **Bayview**
Lying Nwly of St Hwy 13

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Other: [2 – 4 Unit; Short-term Rental]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per conditions listed on affidavit and approved by Planning and Zoning Committee. Committee Conditions: 1] Corrections be made to the sanitary system. 2] Prior to any rental a letter from a Master Plumber is required to be sent to the Zoning office stating corrections have been made. 3] The number of rentals shall not be more than 2 occupants per bedroom (based on daily wastewater flow calculation for the existing POWTS).

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy
Authorized Issuing Official
August 10, 2017
Date